


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000013347

1. Entity Name
ANJENU, INC.



Principal Place of Business Mailing Address

10021 PINES BLVD.
 C-105
 PEMBROKE PINES FL 33024
 US

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 C-105
 PEMBROKE PINES FL 33024
 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0383055** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

ROTH, ROBIN
10021 PINES BLVD.
C 105
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> Delete	NAME ROTH, ROBIN STREET ADDRESS 1501 SW 131 WAY CITY - ST - ZIP PEMBROKE PINES FL 33027
TITLE VPST <input type="checkbox"/> Delete	NAME ROTH, ELYSE STREET ADDRESS 12209 SW 6 ST CITY - ST - ZIP PEMBROKE PINES FL 33025
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
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 02/03/05-80021-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROBIN ROTH** 2/1/05 9544361000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #